

A090000000673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

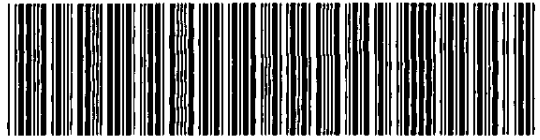
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**  
SEP 21 2009  
**EXAMINER**

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09 SEP 18 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DORAL JOINT VENTURE LTD  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Salomon Hazday Jr.  
Contact Person

Salomon Hazday Jr. P.A.  
Firm/Company

2121 Ponce de Leon Blvd., Suite 600  
Address

Coral Gables, FL 33134  
City, State and Zip Code

sal@hazdaylaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salomon Hazday Jr. at ( 305 ) 442-8922  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. DORAL JOINT VENTURE LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 2301 NW 87 Avenue, 6th Floor  
(Street address of initial designated office)

Doral, FL 33172

3. Salomon Hazday Jr. P.A.  
(Name of Registered Agent for Service of Process)

4. 2121 Ponce de Leon Blvd., Suite 600  
(Florida street address for Registered Agent)

Coral Gables, FL 33135

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Signature of Registered Agent

6. 2301 NW 87 Avenue, 6th Floor  
(Mailing address of initial designated office)

Doral, FL 33172

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

Doral Joint Venture LLC

2301 NW 87 Avenue, 6th Floor

Doral, FL 33172

9. Effective date, if other than the date of filing: \_\_\_\_\_

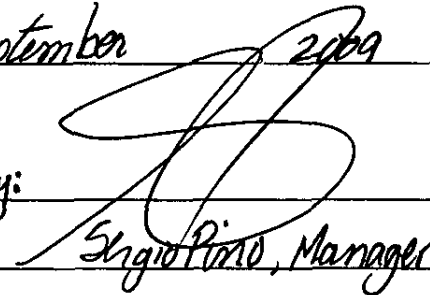
*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 17 day of September 2009

Signature of each general partner:

Doral Joint Venture, LLC

By:

  
Sergio Pineda, Manager

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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